

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS OCT 17 1960 317 Primary Registration District No. 541 Registrar's No. 2846 -60-036863 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS 3955 Washington	
3. NAME OF DECEASED (Type or print) First Middle Last Jesse Herbert Ringer		4. DATE OF DEATH Month Day Year 9 24 60	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired X-ray technician		11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.	
13a. FATHER'S NAME Conrad Ringer		13b. MOTHER'S MAIDEN NAME Anna Benham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Martha Ringer, 3955 Washington		14. NAME OF HUSBAND OR WIFE Martha Ringer	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>Pulmonary congestion</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Possible acute myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9-23-60 to 9-24-60 and last saw her alive on 9-24-60 Death occurred at 1:53 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert L. Hawes M.D.		22b. ADDRESS 601 So. Brentwood Clayton Mo.	
22c. DATE SIGNED 9/25/60		23a. NAME OF CEMETERY OR CREMATORY Old Germania Cemetery	
23b. LOCATION (City, town, or county) Bonne Terre, Missouri		23c. LOCATION (City, town, or county) Mo. State	
23d. BURIAL, CREMATION, REMOVAL (Specify) removal		23e. DATE 9-28-60	
24. FUNERAL DIRECTOR McLaughlin		25. DATE RECD. BY LOCAL REG. 9-27-60	
ADDRESS 2301 Lafayette		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Chis

Licensed Embalmer No.

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P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED-EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.